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CONFIRMATION NO. 3825

<b>SERIAL NUMBER</b> 09/734,331	<b>FILING OR 371(c) DATE</b> 11/30/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3623	<b>ATTORNEY DOCKET NO.</b> 5435-19800
<b>APPLICANTS</b> Kurt B. Schurenberg, Roswell, GA; Robert C. Yeager, Atlanta, GA; Robin D. Johnson, Roswell, GA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/167,532 12/01/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 01/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>Signature</u> Initials <u>Initials</u>		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 102	<b>TOTAL CLAIMS</b> 4
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 20583				
<b>TITLE</b> System and method for connecting a healthcare business to a plurality of laboratories				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	